



☐ Principal Life Insurance Company
☒ Principal National Life Insurance Company
 Members of Principal Financial Group®

P.O. Box 10431
 Des Moines, IA 50306-0431

**Life Insurance
 Application**

Only one company is the issuer and responsible for obligations of any given policy and is hereinafter referred to as "the Company".

PART A

1. PERSONAL INFORMATION ABOUT THE PROPOSED INSURED

Name (First, Middle, Last) <u>George T Campbell III</u>	Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth [REDACTED]
Primary Residence Street Address <u>15 McKinley Street</u>	[REDACTED]	Birthplace (State, or Country if not U.S.) <u>Boston, MA</u>
[REDACTED]		State Issued <u>NH</u>

2. BASIC COVERAGE APPLIED FOR

Product <u>Principal National Life 20</u>	Policy Planned Premium \$ <u>162.97</u>
Face Amount (excluding riders) \$ <u>500,000</u>	Premium Frequency: (choose one) <input type="checkbox"/> Annual <input type="checkbox"/> Semi Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Single Pay <input checked="" type="checkbox"/> EFT (complete EFT form + attach sample check)
Death Benefit Option if applicable: <input type="checkbox"/> Option 1: Level Face Amount <input type="checkbox"/> Option 2: Face + Accumulated/Policy Value <input type="checkbox"/> Option 3: Face + Premiums Paid Less Partial Surrenders	List Bill Number _____ <input type="checkbox"/> Annual <input type="checkbox"/> Semi Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly Unscheduled Premium \$ _____

3. BENEFITS/RIDERS (Some riders are not available with all products)

<input type="checkbox"/> Accidental Death – Amount \$ _____	<input type="checkbox"/> Policy Split Option
<input type="checkbox"/> Accounting Benefit	<input type="checkbox"/> Salary Increase – Amount \$ _____
<input type="checkbox"/> Alternate Cash Surrender Value	<input type="checkbox"/> Single Life Term – Amount \$ _____
<input type="checkbox"/> Change of Insured	<input type="checkbox"/> Waiver of Premium/Specified Premium
<input type="checkbox"/> Children Term – Amount \$ _____	<input type="checkbox"/> Waiver of Monthly Deductions/Monthly Policy Charges
<input type="checkbox"/> Four Year Term	<input type="checkbox"/> _____
<input type="checkbox"/> 20 Year Premium Guarantee	<input type="checkbox"/> _____

4. BENEFICIARY INFORMATION

Primary Beneficiary <u>Larissa Kiers</u>	Relationship to Proposed Insured <u>Ex-spouse</u>
Contingent Beneficiary <u>Tracey Cote</u>	Relationship to Proposed Insured <u>Friend</u>
Single Life Term Rider Beneficiary	Relationship to Proposed Insured

Proposed Insured Name George T Campbell III**5. OWNERSHIP INFORMATION (Complete if different than the Insured)**

Owner Name (If trust, provide name of trust*)

George T Campbell ID

Relationship to Proposed Insured

insured

Joint Owner Name

Relationship to Proposed Insured

Primary Residence Street Address

Taxpayer Identification Number

City, State, Zip Code

Date of Birth

Contingent Owner Name

Relationship to Proposed Insured

* Submit copy of trust with this application.

6. CHANGE OF OWNERSHIP

(a) Is there an intention that any group of investors will obtain any right, title, or interest in any policy issued on the life of the Proposed Insured(s) as a result of this application? ☐ Yes ☒ No
If yes, explain. _____

(b) Will you borrow money to pay the premiums for this policy or have someone else pay these premiums for you in return for an assignment of policy values back to them? ☐ Yes ☒ No
If yes, explain and complete premium financing acknowledgment form. _____

7. OTHER INSURANCE

(a) Is there other life insurance or annuities in force or applied for? ☐ Yes ☒ No
(If yes, list all other life insurance or annuities in force or currently being applied for, even if sold, assigned, or viaticated.)

Insured's Name	Company	Amount	Policy Number	Check if Pending	Year Issued	Primary Purpose
		\$		<input type="checkbox"/>		
		\$		<input type="checkbox"/>		
		\$		<input type="checkbox"/>		
		\$		<input type="checkbox"/>		

(b) If coverage is pending, will all pending coverage be accepted? ☐ Yes ☐ No
If no, explain. _____

(c) Have you transferred or assigned any right, title, or interest in any life insurance or annuity contract other than absolute assignment for Internal Revenue Code 1035 exchange? ☐ Yes ☐ No
If yes, explain. _____

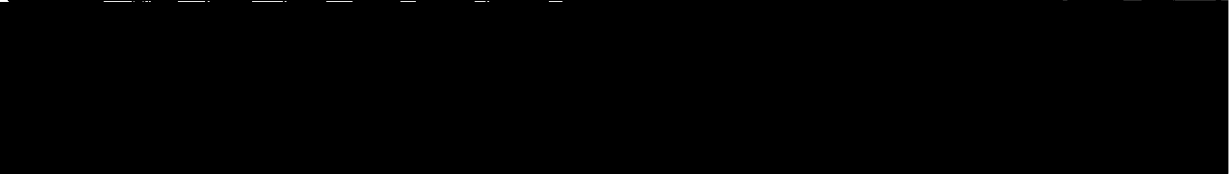
8. REPLACEMENT

(a) Will the insurance applied for with this application replace or affect any of the owner's other life or annuity contracts (including pending coverage provided with a binding receipt)? ☐ Yes ☒ No
If yes, list company name(s) and policy number(s) and provide necessary forms: _____

(b) Is this an Internal Revenue Code section 1035 exchange? ☐ Yes ☒ No

Proposed Insured Name George T Campbell III

9. MEDICAL QUESTION



Lined area for medical question response, consisting of 15 horizontal lines.

(Continue to next page)



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Amendment to
Application

Only one company is the issuer and responsible for obligations of any given policy and is hereinafter referred to as "the Company".

NOTE This form MUST be returned to the Home Office fully signed and dated.

Policy No.: 4855776 Insured: George T Campbell III

The Application for the above Policy (or for its adjustment or reinstatement) is hereby amended as follows:
With beneficiary designation amended as follows: Larissa Kiers, ex-spouse, if living, otherwise to Tracey Cote, fiancée.
With application amended to show response to question 3A on Teleapp is June 2013.
With application amended to show response to question 3C on Teleapp is May 2014, last nicotine gum use
With application amended to show response to question 7C on Part A is no.
With plan of insurance to be Twenty Year Term.

By signing below, I agree that all amendments to the Application listed above are part of the Application, and the Application and the amendments are to be taken as a whole. It is agreed that the above Policy is issued (or adjusted or reinstated, as applicable) on the basis of the statements in the Application and in this Amendment and Acceptance Form.

To be signed and dated by the person(s) indicated below:

☐ Policyowner: *A. I. Campbell III* ☐ Insured: _____
Date: *10/22/2015*

AA 973 N

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